MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05917

5908

CERTIFICATE OF DEATH

Reg. Dist. No. 52

Item 3, Film 182 6-13-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Leonardtown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Marys City X
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Girl (Last) Saint Ann Balta

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6/5/55

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 1, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul R. Balta

14. MOTHER'S MAIDEN NAME: Jennie C. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Paul R. Balta - St. Marys City, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3

Immediate cause (a) Multiple Malformations — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5 1955 to June 5 1955 that I last saw the deceased alive on June 5, 1955, and that death occurred at 11 Am from the causes and on the date stated above.

SIGNATURE (Degree or title): Mrs. W. Parrish MD — ADDRESS: Lexington Park Md. — DATE SIGNED: 6-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 6/6/55 — **NAME OF CEMETERY OR CREMATORY:** St. James — **LOCATION** (City, town, or county) (State): St. Marys City, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 6, 1955 — **REGISTRAR'S SIGNATURE:** Alan D. Hancock

24. FUNERAL DIRECTOR — **ADDRESS:** P.B. Robinson - Leonardtown, Md.

2055296395

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05918

5909 CERTIFICATE OF DEATH Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Park Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Eugene (Last) Dove

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: June 17 55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 14 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Dove
14. MOTHER'S MAIDEN NAME: Lottie C Courtney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Lottie C Dove Park Hall Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5
IMMEDIATE CAUSE (A) Premature birth — INTERVAL BETWEEN ONSET AND DEATH 6½ months
DUE TO

ANTECEDENT CAUSE (B) Placenta previa — 6½ months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1955, to June 30 1955, that I last saw the deceased alive on June 29, 1955, and that death occurred at 1.30 P M, from the causes and on the date stated above.
SIGNATURE O F Bean M.D. ADDRESS Great Mills Md DATE SIGNED June 30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-1-55
NAME OF CEMETERY OR CREMATORY Dove Farm
LOCATION (City, town, or county) (State) Hermanville Md

DATE REC'D BY LOCAL REGISTRAR June 30/55
REGISTRAR'S SIGNATURE O F Bean M.D. Registrar
24. FUNERAL DIRECTOR Jos C Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10652893

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5910

CERTIFICATE OF DEATH

Reg. Dist. No. 05919

1. PLACE OF DEATH:
COUNTY ST.MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL PARK HALL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST.MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL PARK HALL X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) THEODORE (Middle) LYDERMAN (Last) DRURY

4. DATE OF DEATH: (Month) JUNE (Day) 13, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: JUNE 24, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months 11 Days 20 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN & BAR TENDER

10B. KIND OF BUSINESS OR INDUSTRY: BAR ROOM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE DRURY

14. MOTHER'S MAIDEN NAME: GEORGIANA RALEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 217-12-3321

17. INFORMANT & ADDRESS: CATHERINE MABEL DRURY PARK HALL, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 mins.

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Coronary Arteriosclerosis — 3 years.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....., 19 54, to 6-13 ....., 19 55, that I last saw the deceased alive on 3-30 ....., 19 55, and that death occurred at 12:05 PM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Dr. Hill, Md. DATE SIGNED 6-14-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 6/16/55 — NAME OF CEMETERY OR CREMATORY ST MICHAEL'S — LOCATION (City, town, or county) (State) RIDGE, MD.

DATE REC'D BY LOCAL REGISTRAR 6/15/55 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05920

5911 **CERTIFICATE OF DEATH** Reg. Dist. No. 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARYLIN (Middle) MARIE (Last) HILL

4. DATE OF DEATH (Month) JUNE (Day) 14, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: MARCH 14, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 3 Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCIS RUSSELL

14. MOTHER'S MAIDEN NAME: ANN MARIE HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: ANN MARIE HILL CHAPTICO, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

753.1 IMMEDIATE CAUSE (A) Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Congenital anomaly, brain — 3 mos.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 May, 1955 to 14 June, 1955, that I last saw the deceased alive on 13 June 1955, and that death occurred at 8:00 M, from the causes and on the date stated above.

SIGNATURE Joseph E. Gill M.D. M. D. ADDRESS Leonardtown Md DATE SIGNED 6/16/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 6/16/55 | NAME OF CEMETERY OR CREMATORY SACRED HEART | LOCATION (City, town, or county) (State) BUSHWOOD, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 6/15/55 | REGISTRAR'S SIGNATURE Alan D Hance | 24. FUNERAL DIRECTOR JOS. C. MATTINGLEY | ADDRESS LEONARDTOWN, MD.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5912 **CERTIFICATE OF DEATH** Reg. Dist. No. 05921

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Abell
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell X
STREET ADDRESS (If rural give location) Rural 1

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Estell (Last) MATTINGLY

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1 / 25 / 1880

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. BAILEY

14. MOTHER'S MAIDEN NAME: Julia RUSSELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No

(If Yes, give war or dates of service) *****

16. SOCIAL SECURITY NO. *********

17. INFORMANT & ADDRESS: Robert A. MATTINGLY :: Abell, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) Carcinoma of pancreas with metastases — INTERVAL BETWEEN ONSET AND DEATH 8 mos

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 hour 54

19B. MAJOR FINDINGS OF OPERATION Pancreatitis without malignant changes in Pancreas

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1955 to June 18, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 6:30 A M, from the causes and on the date stated above.

SIGNATURE J. Roy Gwynn M. D. ADDRESS Leonardtown DATE SIGNED 6/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF June 21, 1955

NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.

LOCATION (City, town, or county) (State) Bushwood, Maryland.

DATE REC'D BY LOCAL REGISTRAR 6/20/1955

REGISTRAR'S SIGNATURE Clara D. Hammett

24. FUNERAL DIRECTOR P. B. Robinson

ADDRESS Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05922

5913 **CERTIFICATE OF DEATH** Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HERMANVILLE
LENGTH OF STAY (in this place) 9YRS. MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST.MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HERMANVILLE
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) MAY (Last) McDONALD

4. DATE OF DEATH: (Month) JUNE (Day) 15, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 2/16/1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 3 Days 30 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENNSYLVNIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MORGAN JINKINS

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MORGAN McDONALD HERMANVILLE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — Immediate

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis (general) — 10 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1955, to June 15, 1955, that I last saw the deceased alive on June 14, 1955, and that death occurred at 8:7 M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Great Mills Md DATE SIGNED 6/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 6/18/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) STEWARTSTOWN, PENNA.

DATE REC'D BY LOCAL REGISTRAR 6/16/55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR JOS.C.MATTINGLEY ADDRESS LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05923

5914

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15—10-53

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River
LENGTH OF STAY (in this place) -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenmoore
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Grier (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 19 January 1936

9. AGE last birthday 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.MarineCorps

10B. KIND OF BUSINESS OR INDUSTRY: USMC

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Grier MILLER

14. MOTHER'S MAIDEN NAME: Pearl (n) BAUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 4-21-54/6-12-55

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS: Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.8 IMMEDIATE CAUSE (A) Wound, Missile, Gun Shot, Right Eye — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Main Gate

21C. WHERE DID INJURY OCCUR? (City or town) Patuxent River (County) St. Mary's (State) Md.

21 TIME OF INJURY (Month) June (Day) 11 (Year) 1955 (Hour) 1:55 P.M.

21E. INJURY OCCURRED While at work ☒ Not while at work ☐

21F. HOW DID INJURY OCCUR? Accidental discharge of gun

I hereby certify that I attended the deceased from June 11, 1955, to June 12, 1955 that I last saw the deceased alive on June 12, 1955, and that death occurred at 12:10A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS: Jeno E. Szakacs JENO E. SZAKACS, LT MC USNR M.D. Station Hosp. NAS PAX RIV MD

DATE SIGNED: 6-13-55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Transportation

DATE THEREOF 6-14-55

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) McLean Funeral Home Coatesville, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 6/14/1955

REGISTRAR'S SIGNATURE P.P. Beary M.D. Local

24. FUNERAL DIRECTOR P.B.Robinson ADDRESS Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05924

Item 8, FilmG183 6-28-55 et

5915

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mechanicsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Rural

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville X
STREET ADDRESS (If rural give location) Rural 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Brown (Last) SUITE

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE MARRIED WOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: September, 1878 ??

9. AGE last birthday: 77 yrs

IF UNDER 1 YEAR Months Days

IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norris SUITE

14. MOTHER'S MAIDEN NAME: Rosie WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) *****

16. SOCIAL SECURITY NO ***********

17. INFORMANT & ADDRESS: Joseph SUITE:: Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 Days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular dis.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1955, to June 17, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE J. Roy Smythe M. D. ADDRESS Mechanicsville DATE SIGNED 6/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/20/55	St. Joseph's Cemetery	Morganza, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/55	Miriam D. Howard	P. B. Robinson	:: Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05925

5916 CERTIFICATE OF DEATH Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St.Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St.Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St.Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Avenue X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) Dell (Last) Wible

4. DATE OF DEATH (Month) June (Day) 4, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 30, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 9 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Morders

14. MOTHER'S MAIDEN NAME: Mary Ramey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs Joe Bailey Avenue, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Myocarditis - Myocardial Degeneration — several years

DUE TO (C) Uremia — 2 weeks.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20 19 54 to June 4, 1955 that I last saw the deceased alive on June 4, 1955, and that death occurred at 9:40 PM, from the causes and on the date stated above.

SIGNATURE Robert T. Fuchs M. D. ADDRESS Leonardtown, Md. DATE SIGNED 6/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/7/55 — NAME OF CEMETERY OR CREMATORY All Saints — LOCATION (City, town, or county) (State) Oakley, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/2/55 — REGISTRAR'S SIGNATURE Jean L. Hauser

24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Md.

05926

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5917

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River
LENGTH OF STAY (in this place) --
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons Island 04 x 2
STREET ADDRESS (If rural give location) General Delivery ✓

3. NAME OF DECEASED: (Type or Print) (First) Gene (Middle) Walter (Last) YOUNG

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9 June 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 2 Min. 56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Walter Ire YOUNG

14. MOTHER'S MAIDEN NAME: Rosalie Caroline BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
776X IMMEDIATE CAUSE	(A) Prematurity	2 hrs 56 min
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 1955 to 9 June, 1955, that I last saw the deceased alive on 9 June, 1955, and that death occurred at 0800 AM, from the causes and on the date stated above.

SIGNATURE S. CASSARA, LCDR MC USNR
Sam Cassara
M. D.
ADDRESS Station Hosp. NAS PAX RIV MD.
DATE SIGNED 9 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-10-55
NAME OF CEMETERY OR CREMATORY Ebenezer Cem
LOCATION (City, town, or county) (State) California, Md.

DATE REC'D BY LOCAL REGISTRAR 6-9-55
REGISTRAR'S SIGNATURE J. Beau, MD Local Registrar
24. FUNERAL DIRECTOR U. S. Navy - Patuxent River, Md.
ADDRESS

20651491490

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING